

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No.
2130-0006

REPORT FOR (month/year)

FALSE PROCEED SIGNAL REPORT

DATE

All railroads subject to Regulations of the Federal Railroad Administration shall submit a false proceed signal report, original only, to the Federal Railroad Administration within five days after a false proceed occurs. If no false proceed occurs during any calendar month, a report showing "No Failures" must be filed within ten days after the end of the month.

REPORTING CARRIER (railroad & region or division)

Copies of this form will be furnished upon request to the Department of Transportation, Federal Railroad Administration, Office of Safety, Washington, D.C. 20590

MAIL TO

REPORTING OFFICER (signature/title)

A failure should not be counted more than one time in items 1, 2, 3, and 4; the failure should be classified under the basic system or appliance of which it forms an essential part. E.g.; assume grounds cause a block signal to indicate a false proceed causing corresponding indications of a cab signal system on each train approaching this point, such failures should be included in item 1, Block Systems.

A false proceed failure is a failure of a system, device or appliance to indicate or function as intended which results in less restriction than intended.

The following abbreviations may be used in the report.

A—Automatic	EM—Electromechanical
AB—Automatic block	EP—Electropneumatic
ACS—Automatic cab signal	FP—False proceed
APB—Absolute permissive block	MB—Manual block
ATC—Automatic train control	M—Mechanical
ATS—Automatic train stop	P—Pneumatic
CL—Color light	PL—Position light
CPL—Color position light	SA—Semiautomatic
E—Electric	TC—Traffic control

TYPE OF SYSTEM	DATE	LOCOMOTIVE NUMBER	DEVICE THAT FAILED	LOCATION (city and state)
1 BLOCK SYSTEMS <input type="checkbox"/> AB <input type="checkbox"/> APB <input type="checkbox"/> TC				
2 INTERLOCKING <input type="checkbox"/> REMOTE <input type="checkbox"/> AUTO-MATIC <input type="checkbox"/> MANUAL				
3 AUTOMATIC SYSTEMS <input type="checkbox"/> ATS <input type="checkbox"/> ATC <input type="checkbox"/> ACS				
4 OTHER (specify)				

NATURE AND CAUSE OF FAILURE/CORRECTIVE ACTION TAKEN

(If more space is required, continue on reverse)